



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

05/01/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	<b>→</b>	<b>NYD096297544</b>
<b>INSTALLATION NAME</b>	<b>→</b>	<b>CYTEC OLEAN INC</b>
<b>INSTALLATION ADDRESS</b>	<b>→</b>	<b>1405 BUFFALO ST OLEAN, NY 14760-1139</b>
<b>MAILING ADDRESS</b>	<b>→</b>	<b>1405 BUFFALO ST OLEAN, NY 14760-1139</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: CYTEC OLEAN INC or Current Occupant  
ATTN: PETERS, GERRET - SITE GEN MGR  
1405 BUFFALO ST  
OLEAN, NY 14760-1139**





To minimize delays, please complete all items.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form OMB No. 2050-0028  
GSA No. 0246-EPA-01

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NYD096297514

## II. Name of Installation (Include company and specific site name)

CYTEC OLEAN INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street Requires building number, or Lot and block number or the distance and direction from the nearest cross street

1405 BUFFALO STREET

Street (continued)

City or Town

OLEAN

State

ZIP Code

NY

14760-1139

County Code

County Name

CATTARAUGUS

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

PETERS

(first)

GERRET

Job Title

SITE GENL MGR

Phone Number (area code and number)

716-372-9650

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location Mailing

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

(LANDLORD)

CYTEC INDUSTRIES INC

Street, P.O. Box, or Route Number

FIVE GARRET MOUNTAIN PLAZA

City or Town

State

ZIP Code

WEST PATERSON

NJ

07424-

Phone Number (area code and number)

973-357-3100

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

Please reply to: Jack Hoyt, DEPP, US EPA 290 Broadway, 22Fl. NYC, NY 10007-1866. Tele: (212) 637-4106.

Address Verified US Post Office (58)

Name change

544  
1594  
372-  
FAX (716)



ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

**A. Hazardous Waste Activity**

1. Generator (See instructions) ☐ ONLY FOR
- a. Greater than 1000kg/mo (2,200 lbs.) ☐
- b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐
- c. Less than 100 kg/mo (220 lbs.) ☐
2. Transporter (Indicate Mode in boxes 1-5 below) ☐ ONLY FOR
- a. For own waste only ☐
- b. For commercial purposes ☐
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. ☐
4. Hazardous Waste Fuel ☐
- a. Generator Marketing to Burner ☐
- b. Other Marketer ☐
- c. Boiler and/or Industrial Furnace ☐
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

**B. Used Oil Fuel Activities**

1. Off-Specification Used Oil Fuel ☐
- a. Generator Marketing to Burner ☐
- b. Other Marketer ☐
- c. Burner - Indicate device(s) - Type of Combustion Device ☐
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)**

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D009 D040 D035 D004

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)**

1 F003	2 F005	3 U223	4 U158	5	6
7	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)**

1	2	3	4	5	6
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**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

Signature must be an original signature by an employee of the Generator.

**XI. Comments**

NAME CHANGE

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

MOORE ATTACHED

Please begin



CONTINUED

Form OMB No. 2050-0028  
GSA No. 0246-EP4-07

24X1

Please reply to: Jack Hoyt, DEPP, US EPA 290 Broadway, 22Fl. NYC, NY 10007-1866. Tele: (212) 637-4106.



ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Trader, Broker, Disposer (or other person) (Note: A permit is required for this activity; see instructions.)
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Refinery
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 4. Other - specify \_\_\_\_\_

B. Used Oil/Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate Device(s)
- Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D007)

☐ ☐ ☐ ☐

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic container(s))

D018 D022 D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature G.M. Peters Name and Official Title (type or print) G.M. Peters Date Signed 4/18/00

Signature must be an original signature by an employee of the Generator.

XI. Comments

NAME CHANGE

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please begin